

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 8/5/2020

APPLICANT / BUSINESS NAME GRA REAL ESTATE HOLDINGS LLC

SERVICE ADDRESS 780 LAFAYETTE RD

MAP 7 LOT 97 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N

MAILING ADDRESS P.O. BOX 2750 CITY SEABROOK STATE NH ZIP 03874

PHONE 603-944-1959 CELL _____ EMAIL ARLEIGH@SEABROOKTRUCK

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE CENTER.COM

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION _____ RESIDENTIAL SINGLE-FAMILY _____ RESIDENTIAL MULTI-FAMILY _____

CONDO _____ MOBILE/MANUFACTURED HOME _____ COMMERCIAL INDUSTRIAL _____

OTHER (PLEASE DESCRIBE): 5000 sq Ft building w/ NEW 1200 sq Ft OFFICE

BUILDING SIZE (IN SQUARE FEET) 5000 + 1200 NEW

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

FIXTURE COUNT

	BATHROOM	KITCHEN	LAUNDRY	Misc
SHOWER/TUB COMBO	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> WASHING MACHINE	<input type="checkbox"/> HOSEBIBS
BATHTUB	<input type="checkbox"/> 3	<input type="checkbox"/> SINKS	<input type="checkbox"/> SINKS	<input type="checkbox"/> BAR SINKS
SHOWER	<input type="checkbox"/> 1	<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> POOL (SIZE)
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY OWNER SIGNATURE [Signature]

DATE: 8/5/2020

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: GRA REAL ESTATE HOLDINGS LLC

OFFICERS NAME & TITLE (print) ARLEIGH GREENE

I, ARLEIGH GREENE agree that I will not hold the Seabrook Sewer Department responsible for any damages to my property, which may be incurred during or as a result of the sewer service installation.

[Signature]

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 5000 CASH / CHECK # 369 DATE RECEIVED 8-10-20 BY S.6.

TOWN OF SEABROOK
 SEWER DEPARTMENT &
 WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014

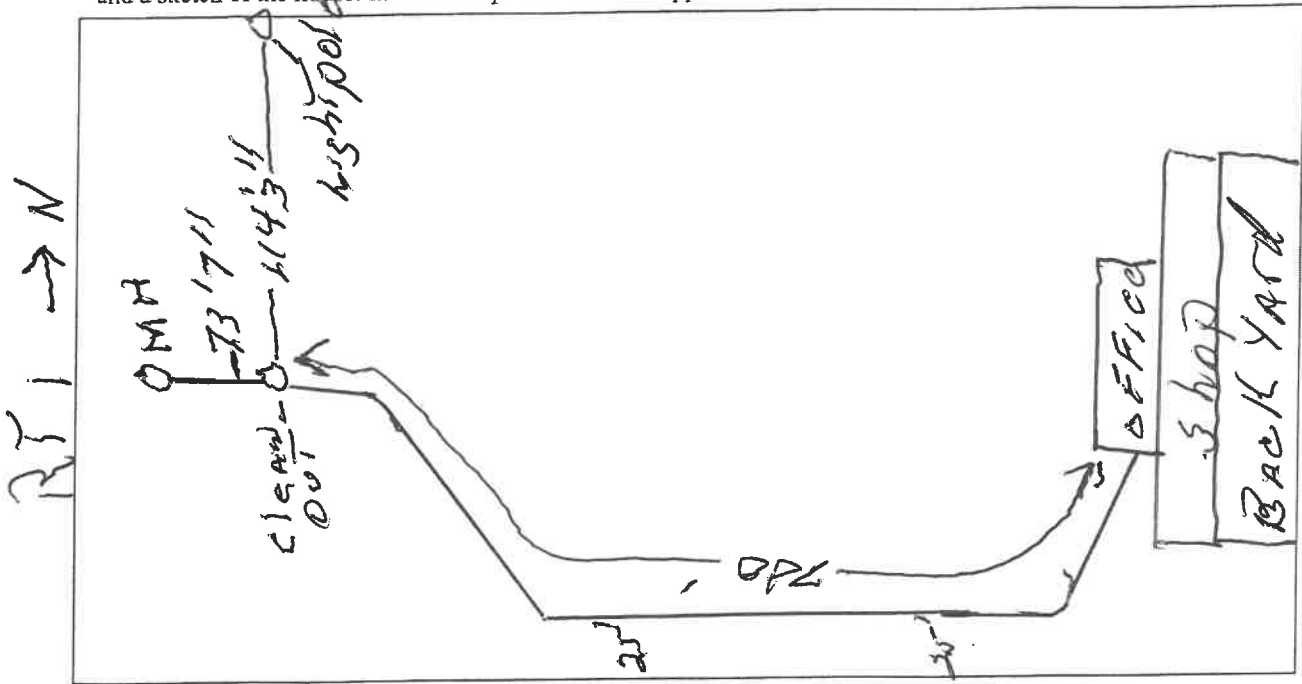


House Service Connection Ties

Address: 780 LAFAYETTE

Map: 7 Lot: 97 Seq: _____

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition please show the approximate distances from any water lines on the property:



Connection to Building

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the rules and ordinances of the Town of Seabrook and the State of New Hampshire. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____ (CHAIRMAN)

 Sewer Superintendent Date

AMOUNT PAID 50.00 CASH / CHECK # 369 DATE RECEIVED 9-10-20 BY S.L.C.